Mail Complete Application to:

Wisconsin Department of Natural Resources Permits Section-WQ/3 PO Box 7921 Madison, WI 53707-7921

Phosphorus Multi-Discharger Variance Application for Municipal Facilities - s. 283.16, Wis. Stats. Form 3200-150 (R 03/17) Page 1 of 5

Notice: Pursuant to s. 283.16, Wis. Stats, an owner of an existing permitted wastewater treatment system may apply for a variance to a phosphorus water quality based effluent limits (WQBEL). Complete this form and submit to the Department of Natural Resources (DNR) to request coverage under the multi-discharger variance (MDV) for phosphorus. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

| Facility and Permit Information | | | Facility Contact Information | | |
|---|--|---------------------|---|---------------------|-----------------|
| WPDES Permit No. | | | Contact Name | | |
| WI- 0 0 2 1 7 3 3 | | | Adam Gitter | | |
| Facility Name | | Title | Title | | |
| Kewaskum WWTP Facility Street Address | | | Village Administrator Address | | |
| | | | | | |
| City | | e ZIP Code | City | State | ZIP Code |
| Kewaskum | | 1 53040 | Kewaskum | WI | 53040 |
| Receiving Water County | | | Phone No. (incl. area code) | Fax Number | |
| Milwaukee River Washingt | | | (262) 626-8484 | <u> </u> | |
| Source of Water Supply | Source of Water Supply Average Discharge Flow Ra | | Email Address | | |
| Groundwater | 0.5 MGD | | adam.gitter@village.kewaskum.wi.us | | |
| Variance Request Schedul | 3 | | | Check | all that apply: |
| This variance is being s. 283.16(4)(b)1, Wis | | ime of application | for permit reissuance pursuant to | × | |
| This variance is being requested within 60 days after the department permit to include a phosphorus WQBEL pursuant to s. 283.16(4)(b) | | | department reissues or modifies the 3.16(4)(b)2, Wis. Stat. | | |
| 3. This variance is being requested from a current WPDES Permit pursuant to 283.16(4)(b)3, Wis. Stat. | | | | | |
| Date of Curren | nt Permit Issuance: | | | | |
| Note: WPDES permit must be | e issued prior to Api | il 2014. | | | |
| 4. Has the MDV been in | ncluded in previous | ly issued WPDES | Permits? | | |
| Yes () | | | | | |
| How many p | ermits has the MD¹ | V been approved | for? | | |
| No 💿 | | | | | |
| Variance Requirements | | | | | |
| | discharge been a | uthorized by a WF | DES permit prior to December 1, 2010 | 0? 💿 ' | Yes |
| • | • | • | 3.16(4), Wis. Stat. STOP | | |
| | TOP THE MILTURAL | Tradice Will 3: 200 | : 10(4), 10(4), 10(a): Olar | | |
| 6. Has this point source relocated its outfall location since De | | | ecember 1, 2010? | 0 | Yes |
| | | | | • | No |
| 7. Is the point source located in an eligible MDV county as specified in Appendix H of the MDV Implementation Guidance? | | | | o 7 | |
| Note: If no you are ineligible for the MDV in accordance with s. 283 16(4). Wis. Stat. | | | | 01 | No |

| uan ing/L? | ○ No |
|--|-------------------------|
| Facility Information (provide attachments as necessary) | |
| 13. What are the average phosphorus levels within your influent TP concentration? | 6 mg/L |
| 14. Has the treatment process at the facility been optimized to maximize its phosphoru | s removal capabilities? |
| ○ Yes | |
| Completion date: | |
| No, but in process of completing | |
| ○ No, not yet started | |

WPDES Permit No. **WI-** 0 | 0 | 2 | 1 | 7 | 3 | 3

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| 15. | Has a facility planning or evaluation study for phosphorus been approved by the Department? | |
|----------------|---|--|
| | ○ Yes | |
| | Approval date: | |
| | No, but in process of completing | |
| | ○ No, not yet started | |
| 16. | Briefly describe the technology that would need to be added to comply with phosphorus limits in your Tertiary Filtration consisting of either a cloth media disc filter, or sand filter equipped with and flocculation will be required to consistently comply with future TP and TSS limits base River TMDL. | dedicated rapid mix |
| | | |
| comp | h any new or additional information that you would like to provide the Department regarding optimizational liance alternatives planning efforts. | on measures and/or |
| Projec | ted Compliance Costs | |
| 17. | What is the projected net present value cost for complying with the phosphorus WQBELs? \$ 5 | 5,961,000 |
| | Source of cost projection: Final Compliance Alternatives Plan anticpated to be submitted to WDNR by October 15, 20 | 021. |
| Note: reasc | If a facility uses projected compliances costs provided in the Economic Impacts Analysis, they must certionable for the facility in question. See "projected compliance costs" in Section 2.02 of the MDV Implement | fy that these costs are ation Guidance for details. |
| 18. | Has the feasibility of water quality trading or adaptive management been evaluated for the facility? | Yes |
| | | ○ No |
| 19. | Is the facility eligible for adaptive management or water quality trading? | Yes |
| | | ○ No |
| 20. | What is the needed offset to comply with AM/WQT? | 757 lbs/year |
| | | Unknown at this time |
| 21. | . Is adaptive management or water quality trading a viable compliance option? Describe: | O Yes No |
| | The total annual offsets would require a significant amount of acreage in the upstream agreenerate sufficient credits, and the Village has limited resources with which to effectively this size. The Village may re-evaluate WQT at a later date. | |

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| Service Area Information - Prov | vide the following information | n for each municipality | included in the wastew | |
|---|---|----------------------------|-------------------------------|----------------------------------|
| Municipality Name | County | Population Served | Customer Households Served | Median Household Income (МН!) |
| Village of Kewaskum | Washington | 4,000 | 1,520 | \$62,685.00 |
| | | | | |
| lon-Residential Customers: | | | | |
| ercent of wastewater flow attribustomer category: | uted to commercial industria | al, large institutional an | d any other special | 27 % |
| Describe types of non-domestic ffect the capabilities of the trea vastewater. | | | | |
| airy and Meat Market | | | | |
| | | | | |
| | | | | |
| Affordability to Municipal Disc | harnore | | | |
| 22. What is the projected ho | usehold user charge, expres | ssed as a percent of M | HI, once phosphorus | |
| compliance costs are fac | xtored in? | | | 1.2 % |
| Attach supporting information of impacts to commercial, industri | | | | |
| 23. What is the secondary in located in? | ndicator score for the county | (counties) in which the | e service area is | |
| | | • | | |
| Note: See Appendix A of the I If the service area is located in | | | value. | |
| Watershed Project. Select on | e of the following watershed | d project options: | | |
| Option A. County pays | ment contribution | | | • |
| Option B. Binding, wri watershed plan. | tten agreement with the Di | NR to construct a proj | ect or implement a | 0 |
| • | 8 with MDV application | | | |
| Option C. Binding, wri | itten agreement with anoth implement a watershed pla | er entity that is appro | ved by the DNR to | 0 |
| , , | 8 with MDV application. | | | |

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Certification

Based on the information provided, I believe that my permitted facility qualifies for coverage under the multidischarger phosphorus variance based on the requirements of s. Wis. Stat. 283.16 (4), Wis. Stat. I understand that as a condition of the variance, the Department will impose interim limitations and require a watershed project or plan to be completed as part of the phosphorus reduction measures for phosphorus during the term of the variance in accordance with s. Wis. Stat. 283.16(6). I understand that these conditions will be included in the WPDES permit issued to this facility and I agree to comply with all applicable permit conditions for this variance. I hereby certify that the determination in Wis. Stat. 283.16(2)(a) applies to my permitted facility and that my permitted facility cannot otherwise comply with its phosphorus water quality based effluent limitations without a major facility upgrade. To the best of my knowledge, the information in this application is true, accurate, and complete.

| Print or type name of person submitting request (Individual must be an Authorized Representative) | Title Village Administrator | | |
|---|--------------------------------|--|--|
| Adam Gitter | | | |
| Signature of Official | Date Signed 9/29/20 21 | | |